

# Hearing Request Form

Date: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Phone Number of Applicant: \_\_\_\_\_

## Statement of Department Action, Inaction, Ruling or Decision Upon Which Hearing is Requested

1. If hearing is requested for denial of permit, on what date was permit applied for: \_\_\_\_\_
2. The date of inaction, action, ruling or decision by the Department: \_\_\_\_\_
3. Name of the Department officer(s) or employee(s) responsible for action, inaction, ruling or decision by the Department: \_\_\_\_\_

4. Brief statement of why applicant disagrees with the Department's action, inaction, ruling or decision: \_\_\_\_\_  
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5. **Nature of the hearing requested:** *(Please indicate the nature of the hearing requested by checking the appropriate box or boxes below.)*

- Informal hearing
- Formal hearing
- Request that formal rules of evidence apply to hearing procedure

*All costs of a formal hearing, including the cost of a Hearing Examiner and a Court Reporter shall be borne by the nonprevailing party in such hearing, and applicant, by signing this request, does hereby consent to be liable for such costs if he, or she, does not prevail.*

6. **Signature of applicant:** \_\_\_\_\_  
If request is signed by person other than applicant, identify relationship between the person signing and the applicant: \_\_\_\_\_